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transmitted to the USPTO (571) 273-2858, on the date indicated below. GABLE & GOTWALS 100 WEST FIFTH STREET, 10TH FLOOR TULSA, OK 74103 mrichs ,pog (Signature) (Date 200 CONFIRMATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO. APPLICATION NO FILING DATE 2549 007831 00004 Heige-Ruben Haise 10/578,983 08/08/2006 TITLE OF INVENTION: POWER TONG DATE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE APPLN. TYPE \$1055 07/07/2009 YES \$755 \$300 \$0 nonprovisional ART UNIT CLASS-SUBCLASS EXAMINER SHAKERI, HADI 3727 081-057160 Change of correspondence address or indication of "Fee Address" (37 FR 1.363). 2. For printing on the patent front page, list Gable Gotwals (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Kristiansand, Norway Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🛂 Corporation or other private group entity 🗀 Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: A-Issue Fce A check is enclosed. Payment by eredit eard. Form PTO-2038 is attached. LPublication Fee (No small entity discount permitted) The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 50 19 11 (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) B. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). nted from anyons other than the applicant; a registered attorney or agent; or the assignee or other party in ion Fee (if required) will not be acce NOTE: The Issue Fee and Publicas interest as shown by the recor COMICO 6-29-2009 Authorized Signature Registration No. Typed or printed name This collection of information is required by 37 CFR.1.211. The information is required to obtain or retain a bought by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 USPTO. 2 and 37 CPR.1.1.4 ments of the public public beautiful to the public public

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